

Lieutenant Governor

# The Commonwealth of Massachusetts Department of Public Safety

Robert C. Haas Secretary

Thomas G.
Gatzunis P.E.
Commissioner

One Ashburton Place, Room 1301 Boston, Massachusetts 02108-1618 Phone (617) 727-3200 Fax (617) 227-1754

## APPLICATION FOR CERTIFICATE OF INSPECTION

Massachusetts State Inspections for Non State Buildings/Chapter 111 This application is to be completed to request an inspection as required by Massachusetts General Law Chapter 111 and\or 780 CMR (The State Building Code)						Please indicate whether this request is for a new or existing facility by checking the correct box below.		
by a Department of Public Safety Building Inspector for			or a new or existing (renewal)		NEW		RENEWAL	
facility as identified in the table below.								
FACILITY OWNER					Dlasa	مان مدد داد	DDC Tee	
FACILITY OWNER					Please indicate the <b>DPS Tag Number</b> for the location if known.			
					Nullibel	i for the foca	ion ii known.	
CONTACT NAME				Title				
CONTACT NAME				Title				
NAME OF BUILDING				Contact Phone				
(If different from above)				Number				
STREET ADDRESS								
(Building to be inspected)								
CITY or TOWN				STATE		ZIP CODE		
Certificate of Inspection		Frequency	Fee	Number of	units	To	tal Fee	
ITM/Care Facility		Annual	\$ 50.00					
for the Mentally Retarded		71	<b>4 = 2 22</b>					
Group Residences		Biennial	\$ 50.00					
Clinics, Infirmaries		Biennial	\$ 50.00					
(Institutional Buildings)								
Hospitals-First 100 Beds		Biennial	\$ 50.00					
Each Additional 25 Beds			\$ 10.00					
			Ψ 10.00					
Day Care Centers		Annual	\$ 40.00					
Assemblies		Annual	\$ 50.00					
(1 to 50 occupants)								
Each additional 20 occupants			\$ 10.00					
		To	otal Fee Submitted	1				

Return this application with a check made payable to the *Commonwealth of Massachusetts*. Please mail to the address indicated below.

Department of Public Safety One Asburton Place, Room 1301	Signature of Contact Person			
Boston, MA 02108 Attn: Michelle Hall, Building Inspection	Date of application			
Phone: (617) 727-3200, extension 25223	E-Mail Address	Michelle.Hall@state.ma.us		



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**Kerry Healey** Lieutenant Governor

One Ashburton Place, Room 1301 Boston, Massachusetts 02108-1618 Phone (617) 727-3200

Thomas G. Gatzunis, P.E. Commissioner

Fax (617) 727-5732

# APPLICATION FOR CERTIFICATE OF INSPECTION

### **PROCEDURES**

Attached, please find the *Application for Certificate of Inspection* requesting an inspection by a Department of Public Safety (DPS) Building Inspector of a new or existing (renewal) non-state building (or space within).

The application must be completed pursuant to the Massachusetts General Law (MGL) Chapter 111 §§ 51 and 71 (Also see MGL Chapter 140 § 206 for Public Swimming Pools) and Commonwealth of Massachusetts Regulations 780 CMR 106.5.1 and Table 106.5.1.

Please mail the "completed" application along with a check payable, if applicable, to the *Commonwealth of Massachusetts* to the following address:

> Michelle Hall **Building Inspection Department of Public Safety** One Ashburton Place - RM 1301 Boston, MA 02108

The inspectional procedure is as follows:

- ✓ Non-state building owners of hospitals, clinics, etc., are responsible to comply by submitting such an application with a check, if applicable, at least two months prior to the inspectional renewal expiration date. Generally, renewal reminders are not mailed to facilities.
- ✓ Building Inspection Reports are sent to the State Building Inspectors to schedule inspections in their districts.
- ✓ After inspections, Building Inspectors return a *Building Inspection Report* with results of the inspection to DPS main office for processing in one of the following manners:
  - (Inspection approved) Certificate is issued and sent to facility, Certified
  - o Work Order (Certificate not issued because of deficiencies noted by inspector) Deficiencies as noted on the work order must be corrected and the work order must be

signed and sent back to the DPS indicating that work is complete. A re-inspection may be required if determined necessary by the inspector.

- o *None* (Inspection must be rescheduled), or
- o *NOCO* (Facility no longer exists, remove or archived).